

Name: _____
Last First MI

Home Address: _____
(Mailing Address/PO Box) APT # City State Zip Code

Email Address: _____ DE K-12 Student ID# _____

SSN or TIN #: _____ - _____ - _____ Birth Date: ____/____/____ Gender (Check one) Female Male

<small>Home Phone</small>	<small>Cell Phone</small>	<small>Emergency Phone</small>

Emergency Contact Name _____

Name of Employer: _____ Employer Phone Number: _____

Are you an English as a Second Language Learner? No Yes Location of Last School Completed US Based Non-US Based

Please answer all questions

LAST GRADE LEVEL OR DEGREE COMPLETED	Check one: <input type="checkbox"/> No Schooling <input type="checkbox"/> Grades 1-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> No Diploma Grades 9-12 <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED® <input type="checkbox"/> Some College, No Degree <input type="checkbox"/> College or Professional Degree
ETHNICITY AND RACE	1) Check one: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino 2) Check all that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
WORK STATUS	Check all that apply: <input type="checkbox"/> Employed <i>Full or Part Time</i> <input type="checkbox"/> Employed, but received Notice of Termination or Military Separation is pending <input type="checkbox"/> Unemployed <i>Available and actively seeking a job</i> <input type="checkbox"/> Not in Labor Force <i>Not employed and not seeking a job</i>
BARRIERS TO EMPLOYMENT	Check all that apply: <input type="checkbox"/> Low Literacy Levels <input type="checkbox"/> English Language Learner <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Disabled <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Low-Income Individual <input type="checkbox"/> Ex Offender <input type="checkbox"/> Exhausting TANF Within Two Years <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Long Term Unemployed <input type="checkbox"/> Migrant and/or Seasonal Farmworker <input type="checkbox"/> Single Parent/Guardian
FAMILY INCOME & FEDERAL OR STATE ASSISTANCE	Check one: <input type="checkbox"/> \$0-10,830 <input type="checkbox"/> \$10,831-14,570 <input type="checkbox"/> \$14,571-18,310 <input type="checkbox"/> \$18,311-22,050 <input type="checkbox"/> \$22,051-25,790 <input type="checkbox"/> \$25,791-29,530 <input type="checkbox"/> \$29,531-33,270 <input type="checkbox"/> \$33,271-37,010 <input type="checkbox"/> \$37,011-40,000 <input type="checkbox"/> >\$40,001 Check all that apply: <input type="checkbox"/> Assistance for food <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> WIC
INTERNET ACCESS	Check all devices available for your use to access the Internet: <input type="checkbox"/> Computer (desktop or laptop) <input type="checkbox"/> Android Phone <input type="checkbox"/> iPhone <input type="checkbox"/> Android Tablet <input type="checkbox"/> iPad <input type="checkbox"/> Chrome Book <input type="checkbox"/> Other device

Last Date Attended School _____ Name of Last School Attended _____

Have you taken any tests of the GED® Exam? No Yes Year High School Diploma or GED® issued _____

Previously enrolled in Adult Education or James H. Groves Classes? No Yes-- If yes, where? _____

Referred by: (check box) Friend/Family Social Media Advertisement Agency/Social Service Other _____

*Delaware adult education programs comply with the Americans with Disabilities Act of 2010.
 If you need a special accommodation, please notify your center.*

Release of Information

I authorize the Delaware Department of Education and the local ABE program to release my Social Security Number; assessment results; scores of any secondary credential exams; and email addresses and cell phone numbers for purposes of education accountability reporting and employment research/reports. I also authorize the Delaware Department of Labor and United States Department of Labor to release my personal employment information and personal identifying information to the Delaware Department of Education and United States Department of Education to compile performance metrics data related to state or federal grants or to the Workforce Innovation and Opportunity Act.

 Student Signature (Pen Only) _____
 Date